United States District Court

for the

Western District of Washington

Tacoma Division

Michael W Torell	Case No. 3:25-cv-05406-DGE
	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (check one) Yes No)
Todd Lovell Department of Corrections Officer))))
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here))))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non–Prisoner)

I. The Parties to	This C	Complaint
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A.

B.

The Plaintiff(s)			
Provide the information below for needed.	each plaintiff named in the c	complaint. Attach add	itional pages if
Name Address			
	City	State	Zip Code
County			
Telephone Number E-Mail Address			
The Defendant(s)			
Provide the information below for individual, a government agency, a include the person's job or title (if them in their individual capacity or	n organization, or a corpora known) and check whether y	tion. For an individua you are bringing this c	l defendant, omplaint against
Defendant No. 1			
Name			
Job or Title (if known)			
Address			
Constant	City	State	Zip Code
County Telephone Number	-		
E-Mail Address (if known)			
	Individual capacity	Official capacity	y
Defendant No. 2			
Name			
Job or Title (if known)	-		
Address			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address (if known)			
	Individual capacity	Official capacity	y

Defendant No. 3			
Name			
Job or Title (if known)			
Address			
	City	State	Zip Code
County			
*			
E-Mail Address (if known)			
	Individual capacity	Official capa	city
Defendant No. 4			
Name			
Job or Title (if known)			
11001000			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address (if known)			
	Individual capacity	Official capa	city
for Jurisdiction			
. 12 II S.C. & 1092, you may sue sto	te or local officials for the "de		
nities secured by the Constitution are al Bureau of Narcotics, 403 U.S. 38 tutional rights.	nd [federal laws]." Under Bive		
nities secured by the Constitution are al Bureau of Narcotics, 403 U.S. 38	nd [federal laws]." Under <i>Bive</i> (8 (1971), you may sue federal		
nities secured by the Constitution are all Bureau of Narcotics, 403 U.S. 38 tutional rights.	nd [federal laws]." Under <i>Bive</i> (8 (1971), you may sue federal ck all that apply):		
nities secured by the Constitution are all Bureau of Narcotics, 403 U.S. 38 tutional rights. Are you bringing suit against (checkle)	nd [federal laws]." Under <i>Bive</i> (8 (1971), you may sue federal ck all that apply):		
	County Telephone Number E-Mail Address (if known) Defendant No. 4 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known)	County Telephone Number E-Mail Address (if known) Defendant No. 4 Name Job or Title (if known) Address City County Telephone Number E-Mail Address (if known) Individual capacity	County Telephone Number E-Mail Address (if known) Defendant No. 4 Name Job or Title (if known) Address City State County Telephone Number E-Mail Address (if known) Individual capacity Official capa

officials?

D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any
	statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
	42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color
	of state or local law. If you are suing under Bivens, explain how each defendant acted under color of
	federal law. Attach additional pages if needed.

III. Statement of Claim

A.

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Where did the events giving rise to your claim(s) occur?

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

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IV.	Ini	uries
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If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

VI. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:		-		
Signature of Plaintiff				
Printed Name of Plaintiff				
For Attorneys				
Date of signing:				
Signature of Attorney				
Printed Name of Attorney				
Bar Number				
Name of Law Firm				
Address				
	City		State	Zip Code
Telephone Number				
E-mail Address				